

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Edwin KLINGMAN Docket: 54208-35C1

Serial No. 09/387,938 Examiner: Abelson, Ronald

Filed: September 1, 1999 Art Unit: 2666

For: A TABLE DRIVEN CALL DISTRIBUTION SYSTEM FOR LOCAL AND

REMOTE AGENTS

RECEIVED

Box No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

VA, 22313-1450. Date: July 23, 2003 JUL 2 9 2003

Technology Center 2600

## AMENDMENT TRANSMITTAL

$\boxtimes$	Transmitted herewith are the following documents for the above-referenced application:						
	$\boxtimes$	≥ 12 Page Request for Reconsideration and Amendment under 37 C.F.R. § 1.111.					
				STATUS			
$\boxtimes$	Applicant claims small entity status under 37 CFR 1.9(f) and 1.27(b).						
			E	XTENSION OF TIME	3		
	Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of m checked below:						
		Extension (months)	_	ee for other than mall entity	Fee for small entity		
		one month two months three months four months	9	3 110.00 3 410.00 5 930.00 51,452.00	\$ 55.00 \$205.00 \$465.00 \$725.00 Fee \$0		
	If an additional extension of time is required please consider this a petition therefor.						
	Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.						
			CERTIF	CATE OF MAILING (37 CF)	R 1.8(a))		

Yolette Y

72321.1.17 7/23/2003

1450, Alexandria,

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on I Service as first class mail in an envelope addressed to: Mail Stop No Fee Amendment, Commissioner for Pat

## **FEE FOR CLAIMS**

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL	ENTITY	OR		AN A SMALL ITITY
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	29	Minus *0*	34	=	0	x9=	\$0		x18=	\$
Indep.	5	Minus *0*	5	=	0	x42≃	\$0		x84=	\$
☐ FIRST	PRESENTATION	OF MULTIPLE	E DEP. CLAIM			+140=	\$		x280=	\$
						TOTAL ADDIT.F EE	\$0	OR	TOTAL PADDIT C	EiVEI

	No additional fee for claims required.  Total additional fee for claims required \$  FEE PAYM	JUL 2 9 2003 Technology Center 260					
	Attached is a check in the sum of \$						
	FEE DEFICI	IENCY					
$\boxtimes$	In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.						
$\boxtimes$	Attached is a postcard for date-stamped return as confirmation of receipt of these materials.						
		1					

Date: July 23, 2003

Anthony B. Diepenbrock III

Reg. No. 39,960

**DECHERT LLP Customer No. 37509**P.O. Box 10004
Palo Alto, CA 94303

Telephone: 650.813.4800 Facsimile: 650.813.4848

JUL 2 8 2003 E WHICH.

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## REQUEST FOR RECONSIDERATION AND AMENDMENT UNDER 37 C.F.R. §1.111

Sir,

In response to the Office Action dated June 16, 2003, please amend the application and consider the remarks as provided herein.